

Georgia Department of Community Health
Office of Health Improvement
Women's Health Advisory Council Meeting Minutes

Members Present:

Ellen Williams, JD, Chair
Lesla Walden-Young, MD
Jean Wright, MD (teleconference)

Phylecia Wilson
Gina P. Lundberg, MD, FACC

Guest Speakers:

Laura Bracci
Baryl Jackson/Linda Lowe Smith
Jeff Taylor
Dr. Nanette Turner

Randi Greene Chapman
James W. Cooper, Jr.
Brittany Freeman

DCH Staff Present:

James T. Peoples
Paulette M. Poole
Lynn Christian

Kristal Ammons
Mae Bowden

The Office of Health Improvement held its Women's Health Advisory Council (WHAC) meeting on Tuesday, May 22, 2007, at the Department of Community Health in Atlanta, Georgia.

James Peoples opened the meeting by giving a brief statement for the purpose of today's meeting. He explained that the Women's Health Advisory Council is looking at different ways that it can be most effective and one of the things the chair and the council decided was to have a couple of meetings where community partners and key stakeholders would talk to the council about their initiatives and budget concerns and their overall concerns as it relates to women's Health particularly in the state of Georgia.

Chairperson Williams explained the Advisory Council has not had its strategic planning meeting at this point to know exactly what goals this council is going to meet, but we wanted to have some impact on the budget this year rather than waiting until after the Advisory Council strategic planning meeting. Guests were invited to come out and give the council some ideas on programs that are important to the health of women that the council might make a recommendation to the Commissioner and to the Governor to support.

Ms. Williams opened the meeting and called for approval and adoption of the April 24, 2007 meeting minutes. There being no changes to the minutes, the motion was made to approve and seconded. The members voted and the April 24, 2007 minutes were unanimously approved and adopted. A copy of the agenda, a list of attendees, and the presentations from Ms. Bracci and

Mr. Cooper are attached hereto and made official parts of these minutes as attachments #1, #2, #3 and #4.

Presentations

Laura Bracci – American Heart Association (AHA)

Ms. Bracci was invited by Dr. Lundberg. She was asked to come and speak about current American Heart Association causes. The current causes are the Go Red for Women Campaign (Women and Heart Disease), Alliance for a Healthier Generation Campaign (Childhood Obesity), Power to End Stroke Campaign (Stroke in African-Americans) and Start (Worksite Wellness Program).

The key message surrounding **Go Red for Women** is to bring about awareness that Cardiovascular Disease is the number one cause of death for women. It kills 1 out of 2.4 women. The key message is making healthy women find a personal way to take part in the fight against heart disease.

The Alliance for a Healthier Generation is the most current initiative for the Heart Association. The mission is to eliminate childhood obesity and to inspire all young people in the United States to develop lifelong, healthy habits. The goal of the Alliance is to stop the nationwide increase in childhood obesity by 2010 and to empower kids nationwide to make healthy lifestyle choices.

The Alliance programs include:

Healthy Schools Program

- Increasing opportunities for students to exercise and play
- Putting healthy foods and beverages in vending machines and cafeterias
- Providing resources for teachers and staff to become healthy role models.

Industry Program - Influencing restaurants and snack companies to make substantially healthier meals, drinks and snacks for kids.

Kids Movement - Motivating kids to take charge of their health and to lead their own Go Healthy movement.

Healthcare Program - Giving tools to healthcare providers so that they can better diagnose, prevent and treat obesity.

The Power to End Stroke is a cause campaign that targets African Americans and stroke. Yolanda King, who recently passed away, was the National Ambassador for the Power to End Stroke Campaign. The burden of stroke is greater among African Americans than in any other group. African-Americans are twice as likely to have a stroke compared to whites, they have a higher prevalence of blood pressure and they have a higher death rate. Local ambassadors are recruited to go out and do presentations about stroke and get people sign a pledge that says “I will know my risk and I will know the sign and symptoms of stroke and call 911.” Some of the

local ambassadors are Rev. Joseph Lowery and Tommy Dortch as well as Kristal Ammons and Paulette Poole.

START is an American Heart Association worksite wellness campaign. The goal is to promote walking and culture change within companies, for instance taking walking meetings. The AHA is recognizing companies that have walking companies, utilize vending machines with healthy choices, and other healthy worksite activities. Heart Walk is the signature event for that campaign.

Bill Burns, the Advocacy Director for AHA, was not able to make it to the meeting, but wanted Ms. Bracci to speak about the appropriations request. They are looking at increasing the Stroke and Heart Attack Prevention Program (SHAPP) funding. It's a program that funds blood pressure medications for over 17000 underinsured and uninsured Georgians and provides disease management. They would like to incorporate some tenets of the Wise Women program into SHAPP, such as lifestyle behavior modification and management. Currently, they are looking at greatly increasing funding for the program for the 2009 year. Dr. Lesa asked if AHA had a total number of women who have taken the risk assessment. Ms. Bracci answered about 12000 affiliates, which includes Louisiana, Mississippi, Alabama, Tennessee and Florida. Dr. Lesa asked is there are ways to stratify out how many are Georgians. Ms. Bracci answered yes.

Baryl Jackson, Executive Director – Georgia Breast Cancer Coalition

GBCCF was instrumental in passing the federal legislation that made it possible for uninsured women with these diseases and related conditions to qualify for Medicaid. GBCCF also worked with the state of Georgia to adopt this coverage option. Ms. Jackson asked that DCH give some much needed attention to how women are being served. DCH requires that a woman who qualifies for Medicaid under the Breast and Cervical Cancer Program be enrolled in one of the Care Management Organizations: Amerigroup, Peachstate, or WellCare. GBCCF is concerned that women are experiencing barriers to care that compromise their treatment, increase stress when they are already coping with a debilitating illness, and perhaps endanger their lives.

Ms. Jackson read a detailed statement from one of the breast cancer advocates who's dealing with treatment issues. The statement is attached to the minutes. The GBCCF joins this patient in advocating that certain steps should be taken to assure that women get the quality treatment they need.

Suggestions made by Ms. Jackson are to establish a committee of patients to participate in setting the terms of contracts with the CMO's; Create an over site committee involving patients in monitoring compliance by the CMO's; Require CMO's to provide a case manager for each patient with severe conditions; Require complex treatment as a substitute for the current requirements for prior authorizations and referrals; Provide for an evaluation of treatment under the Medicaid Breast and Cervical Program with advice from patients and their medical providers.

Mr. Peoples suggested that the council look into the particular case that Ms. Jackson mentioned. He mentioned that the case manager issue could be a customer service issue. Ms. Williams asked how many women are served by the GBCCF; about 3000 a year. Ms. Williams suggested that a customer service survey could be a good recommendation to the department.

Jeff Taylor – Oakhurst Medical Center – Mr. Taylor categorizes his programs into three categories for women's health- the first program is the OB/GYN Program, Community Centers of Excellence (CCOE) for Women's Health and the Breast and Cervical Care Program. Continuance of the CCOE program is one of the problems faced by his organization, which is a federally funded program. Originally, funds were awarded for a five year period, but were trimmed down to three after budget cuts were made. Through that program, Mr. Taylor expressed that the CCOE has done much in the community and have been cited as one of the model programs in the state of Georgia for the CCOE.

There is an adolescent female program under the CCOE program. This program allows for the discussion of teen pregnancy. They also do health education for refugee women's health. Over the last several years, through a federal refugee program many Somalians have been brought to DeKalb County. These people were slaves in the country they came from and do not know anything about health care or how to get healthcare. One of the biggest challenges for the Ob/Gyns is mutilation of the Somalian women. So they need continued education to let them know that this is not an acceptable practice here in the United States and what the detriments are. They also assist women in this program with resume writing and interview techniques. They are looking for other funding to continue these services.

There has also been a problem with the Breast and Cervical Cancer program with women that do not have insurance. Specialists do not want to treat patients with out insurance or help from the Medicaid program. Patients are referred to Grady Hospital for care if Oakhurst Medical is not able to treat them. DeKalb Medical Center is where Oakhurst Medical Center sends most of their patients. The only CMO DeKalb Medical Center accepts is Peachstate. Patients are transported to Grady or Atlanta Medical Center if they do not have Peachstate, unless it is an emergency situation.

Ms. Williams mentioned that unfortunately the Office of Women's Health is restricted by law from dealing with reproductive issues, but the council can certainly pass along the information Mr. Taylor presented. Ms. Williams also mentioned that if we were to fully fund the Cancer State Aid and the Breast Screening program that will go a long way to help with some of Mr. Taylor's programs. Dr. Lesa asked if Mr. Taylor had to pick the one non-reproductive health issue facing the refugee problem what would that be. Mr. Taylor said that it's possibly breast cancer but most likely the mutilation and education problem. Ms. Williams asked if they could broaden that issue to health education. He said sure because that's a substance of the problem.

Dr. Nanette Turner – Executive Director - West Central GA Cancer Coalition; expands to an 11 county area. The West Central GA Cancer Coalition currently has several programs. The Breast Health Connection is funded by the Breast Cancer License Tag Program. The next program is the Caring for Care givers program funded by Johnson and Johnson and the Rosalyn Carter Foundation. The next program is the Cancer Education Program. The West Central GA Cancer Coalition would like to provide cancer care on a continuum. This grant deals with weaknesses and gaps in the care for breast cancer.

Another issue for their community is the large population of migrant workers in the rural counties that they serve; large Hispanic Communities, but because of their association with agencies like the health department and other state agencies services are continuing in the community. The West Central GA Cancer Coalition has an excellent community health advisory program where they train people in the community to provide education to people. There has been great representation from the Hispanic Community but in recent years they have had to limit services provided to the women even if they educate them they feel that it is a disservice to do that if they can't take them to the next level to get screened.

Another big issue in the rural communities is transportation. Transporting to and from facilities that perform specific services can be a problem. They are also in need of client navigation services. Their organization has one social worker level person who helps navigate low income women or people who are uninsured or underinsured through a process. Another commitment that they feel is really important is the state cancer planning process which has come up with huge recommendations for activities and initiatives that need to be done across the state. Dr. Turner encourages participation from DCH in that process. Dr. Lesa asked if the funding was there would they have the physician base to care for these patients. Dr. Turner said yes as long as they have transportation. Mr. Peoples mentioned that GCC will be the implementing agency for the breast cancer funds. The council wants to look at the process of how the funds are allocated.

Randi Greene Chapman– American Diabetes Association (ADA) – The ADA is the nations leading organization devoted to diabetes. There are about 21 million Americans who have diabetes. Gestational diabetes affects about 14% of women. Women with diabetes are more apt to have heart disease, heart attack, stroke, and are more likely to be poor, which can also affect their ability to take care of themselves. One of the ADA initiatives on the national level is collaborating with the CDC in working on an international public health initiative in diabetes in public health. They are also working with the department of Health and Human Services coordinating committee on women's health to co-host the first national women and diabetes conference. Ms. Greene Chapman mentioned that this would be a good idea to do on a state level. They are also working with the Food and Drug Administration Office of Women's Health to collaborate on a brochure about diabetes on their Take Time to Care Program. The ADA is also planning town hall meetings for diabetes.

James Cooper - University of GA Pharmacy – faculty; ex smoker and 3 x cancer survivor. Mr. Cooper's presentation surrounded smoking cessation; intervention to help prevent or stop smoking by pharmacologic intervention. He is a paid Pfizer speaker. Mr. Cooper mentioned that all cancers in some way can be related to smoking and most mental health patient's smoke. He encourages a total household concept of no smoking. Mr. Cooper's presentation is attached.

Brittany Freeman – American Cancer Society – The American Cancer Society is involved with several Relay for Life events, which raise money for cancer research. The Relay for Life events are in every community in Georgia and almost every community nationwide. Among the many things they do for women are the wellness and special campaigns surrounding breast cancer, cervical cancer, ovarian cancer and other cancers such as lung cancer. In terms of the American Cancer Society's advocacy work they work on advocacy issues on a state and national level. Specific to appropriations the ACS works on obtaining, maintaining and increasing funding for the Breast Test and More Program; this is a part of the National Breast and Cervical Cancer Early Detection Program. The American Cancer Society is also working on smoking cessation through Medicaid. Currently, the Breast Test and More programs serve 1 in 5.

Mr. Peoples update

If the budget is signed the State Office of Rural Health will receive 1.5 million dollars to begin the Rural Health Safety Net Project. This project will change the way rural health care is delivered across the state. The project addresses the fragmentation particularly in rural areas where there may be a rural health center in one county or the health clinic in another or a hospital in another. What this program will do is build rural health networks in one place. Counties will be asked to come together to form these community networks and partnerships and will receive technical assistance from the state to plan their networks. Next year the goal is to get funds for actual implementation from the state.

There has been discussion around the Office of Health Improvement's Advisory Councils working together to be more synergistic in the Office of Health Improvement's approach. Georgia State has been engaged in the process to help with this project. OHI would like for the chair to appoint 2 representatives to serve on a task force along with 2 representatives from each Advisory Council to help with the strategic planning process. There will be three meetings involved in this process and at the end of the year we will bring all 4 councils together. As the OHI moves forward and as a part of the offices role in the Department of Community Health it is important that all councils work together. Dr. Lesa has agreed to volunteer for that committee.

Future Meetings

A suggestion was made to have a conference call to discuss the outcome of today's meeting. The Advisory Council will be polled to select the best times for the conference call.

Send parking directions to council.

Meeting Adjourned

Follow Up Items

- ❖ Invite additional community partners and stakeholders to present to the council regarding their initiatives and budget concerns as it relates to women's Health in the state of Georgia.
- ❖ Also come up with some collective ideas of creative resources that may be used for data collection
- ❖ Think about what might need to be addressed during the 2 day retreat. Send availability.